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REPORT OF RECEIPTS AND DISBURSEMENTS

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1. NAME (OF TTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.
INFR	ASTRUCT	TURE PA	C, INC. 527 FUND
ADDRESS ((number and street)	$[\rho_1, \rho_1, \beta_1]$	0×, 2,5,3
tha	eck if different in previously ported. (ACC)	[C,O,C,T,S, N	N.E.C.K. N.J. 10772,24-1
2. FEC I C	ENTIFICATION N	UMBER ▼	CITY ▲ STATE ▲ ZIP CODE ▲
С			3. IS THIS NEW AMENDED (N) OR (A)
(Choose	arterly Reports: April 15 Quarterly Report ((b) Monthly Report Due On:	Feb 20 (M2)
	July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (Q3)	
	July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Repor (TER)	POST-EI Report fo	()
5. Covering Period OI OI ZOIS through O3 7 3 1 ZOIS			
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer EVAN PISCITEUI			
Signature o	f Treasurer		Date 09 18 2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109			